





## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTION SERVICES

REF	PORT YEAR: 201	13	Amended Statemer	nt			
For	Lobbying Reporting F	Period: 🚺 January 1 -	March 1 - A	OPL30 STATE May	T December 31		
ORG	SANIZATION INFO	ORMATION			SIAIE E MILS L	ummissiji:	
Hoi	nolulu Star Adv	ertiser	Dave Kennedy				
Org.	Organization Name				Contact Person		
500	) Ala Moana Blv	d., 7 Waterfront	Plaza, Suite 210				
	ing Address ( <i>Numb</i> nolulu	er and Street or P.O. B	ox)	Н		06913	
City			State		96813 Zip Code		
•	8) 529-4747			State		Zip Code	
•	phone	Extension	Email Address				
PAF	RT I. TOTAL EXPE	NDITURES	·				
						Total Amount	
1	Preparation & Dis	stribution of Lobbying	Materials		1		
2	Media Advertising	9		<del></del>	2		
3	Postage				3		
4	Compensation Pa	aid to Lobbyists (Atta	ched Additional Sheets	As Needed)			
	List the names of all lobbyists and compensation paid to lobbyists during the s Lobbyist Name			Compensation	Paid		
	A. Jeannine Soul	ki		A	0.00		
	В						
	C			c			
	D	<del></del> -		D			
	E			E			
	F	· · · · · · · · · · · · · · · · · · ·	-	F			
	G. Total from Additi	ional Attached Sheet(s)		G			
	Add lines A throu	gh G		Total Compe	ensation Paid 🕨 4	0.00	
5	Fees Paid to Con	sultants (other than t	o Lobbyists)		5	<u></u>	
6	Entertainment & l	Events			6		
7			3				
8	Gifts	· ·			8		
9?	Loans				9		
10	Other Disburseme	ents	4		10		
	rigina Albania					0.00	
	Add lines 1 thro	ugn IV		ı otal E	.xpenaitures 🟲	0.00	

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**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address			Amount or Value
N/A		.,,	
		<u></u>	
		<del></del>	
Check here if additi	onal sheets are attached		
	TURES OF \$150 OR MORE P the purpose of lobbying in the total sun	PER PERSON n of \$150 or more per person during the	e statement period.
Name & Address			Amount or Value
N/A			
		···	
		<del></del> ·	
Check here if additi	onal sheets are attached		
PART II. CONTRIBUTION List all contributions received for		n of \$25 or more per person during the	statement period.
Name & Address			Amount or Value
N/A			
	·		
Check here if addition	onal sheets are attached		
PART III. SUBJECT ARE		orted or opposed during the statement	period:
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
I hereby certify that the state	ments made above are correct and	d complete to the best of my know	ledge
Marka	-ly	3/2	5/13
Signature of Authorized Person	//	Date	
Dave Kennedy	l	Senior Vi	ice President/Advertising
Print Name		Title	Page 3 of 3